

**MERSI IMMUNOPATHOLOGY LAB****5 Cambridge Center****8<sup>th</sup> floor****Cambridge, MA 02142****(phone) 617-621-6377 (fax) (617) 494 -1430****TEST REQUISITION FORM**

PATIENT INFORMATION	PHYSICIAN INFORMATION
Patient Name:	Physician Name:
DOB:                      SEX:	Institution:
Address:	Address:
City:                      State:	Address:
Zip code:	City:                      State:
Insurance Name:	Zip code:
ID number:	Phone:                      FAX:
Bill to Address:	Physician Signature:
	Physician Name (printed):
Patient ID#:	Date Signed:
Lab Accession #:	
Collection Date:              Time:	
Specimen Type:	
Clinical History:	
Diagnosis:	
<b>TESTS REQUESTED</b>	

Tests	Comments
<input type="checkbox"/> H&E <input type="checkbox"/> PAS <input type="checkbox"/> Giemsa <input type="checkbox"/> Immunofluorescence <input type="checkbox"/> Immunoperoxidase <input type="checkbox"/> Indirect Immunofluorescence <input type="checkbox"/>	

SPECIMEN DELIVERY ADDRESS	CLINICAL LAB USE ONLY
Send samples <b>OVERNIGHT</b> on cold packs to: <b>MERSI IMMUNOPATHOLOGY LAB</b> <b>ATT: Dr. Tongzhen Zhao</b> <b>5 Cambridge Center</b> <b>8<sup>th</sup> floor</b> <b>Cambridge, MA 02142</b> <small>Call lab @ 617-621-6377 prior to sending (ask for Dr. Zhao)</small> <small>See instructions for fixing tissue attached</small> <b>Ship samples only Monday through Thursday</b>	Date received:                      Time:
	Specimen Type:
	Report Date:
	Sample Condition:
	Comments:
CLIA # 22D2017227	DIRECTOR: C. Stephen Foster, M.D.